

In re application of: Elena Feinstein and Orna Mor

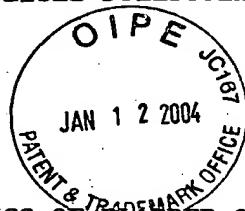
Serial No.: 09/825,682

Examiner: D. Johannsen

Filed: April 4, 2001

Group Art Unit: 1634

For: SEQUENCE CHARACTERISTICS OF BLADDER CANCER



COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

January 9, 2004

S I R:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	8	- * 25	- *** 0	x 9.00	18.00	-	\$0.00
Independent Claims	1	- ** 13	- *** 0	x 42.00	84.00	-	\$0.00
Multiple Dependent Claims(s) Presented For First Time:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		140.00	280.00	\$0.00	
TOTAL ADDITIONAL \$ 0.00 FEE							

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

Please charge Deposit Account No. _____
in the amount of \$ _____.

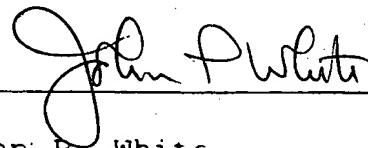
A check in the amount of \$ _____ is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

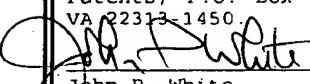
Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 1/19/04
John P. White
Reg. No. 28,678

Date